

**Community Mental Health Center
Provider Type 30
907 KAR 1:044**

Information about the program:

- Provider must contact OIG for survey.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Out-of-state providers may not enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Medicare Letter
- License
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602